

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**Regeneron Pharmaceuticals, Inc. PAC**

ADDRESS (number and street) **777 Old Saw Mill River Road**  
Check if different than previously reported. (ACC) **Tarrytown NY 10591**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00562264** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  09 /  01 /  2019 through  09 /  30 /  2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Landry, Robert, E., ,  
Type or Print Name of Treasurer

Signature of Treasurer Landry, Robert, E., , [Electronically Filed] Date  11 /  20 /  2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="58571.32"/>	<input type="text" value="58571.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="119287.83"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6871.72"/>	<input type="text" value="71853.51"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="126159.55"/>	<input type="text" value="130424.83"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9773.82"/>	<input type="text" value="14039.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="116385.73"/>	<input type="text" value="116385.73"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From: 09 / 01 / 2019 To: 09 / 30 / 2019

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6811.72	65249.16
(ii) Unitemized .....	60.00	4032.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6871.72	69281.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6871.72	69281.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	2571.71
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6871.72	71853.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6871.72	71853.51

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	273.82	2539.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	273.82	2539.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	11500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9773.82	14039.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9773.82	14039.10

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6871.72	69281.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6871.72	69281.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	273.82	2539.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2571.71
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	273.82	- 32.61

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. Anderson, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. Staff Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6385**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$25 Bi-weekly payroll deduction

**B. Bermingham, Maya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Gov. Affairs & Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6386**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

**C. Braunstein, Ned, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. VP - Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6388**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	818.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Carver, Scott, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2019
Mailing Address 777 Old Saw Mill River Road		<b>Transaction ID : SA11AI.6389</b>
City Tarrytown	State NY	Zip Code 10591
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) SVP- Clin. Scale Mfg. & Proc. Sciences	<input type="checkbox"/> Memo Item \$96.15 Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Chen, Gang, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2019
Mailing Address 777 Old Saw Mill River Road		<b>Transaction ID : SA11AI.6390</b>
City Tarrytown	State NY	Zip Code 10591
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) VP - Protein Expression Sciences	<input type="checkbox"/> Memo Item \$50 Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Daly, Christopher, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2019
Mailing Address 777 Old Saw Mill River Road		<b>Transaction ID : SA11AI.6391</b>
City Tarrytown	State NY	Zip Code 10591
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Sr. Director - Oncology & Angiogenesis	<input type="checkbox"/> Memo Item \$96.15 Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1923.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	484.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. Daly, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Sr. VP - Preclin. Devt & Protein Chem
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : SA11AI.6392**

Amount of Each Receipt this Period  
384.00

Memo Item  
\$192 Bi-weekly payroll deduction

**B. Fairhurst, Jeanette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Assoc. Director Therapeutic Antibodies
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : SA11AI.6393**

Amount of Each Receipt this Period  
100.00

Memo Item  
\$50 Bi-weekly payroll deduction

**C. Fenimore, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Vice President, Controller
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1923.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : SA11AI.6394**

Amount of Each Receipt this Period  
192.30

Memo Item  
\$96.15 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	676.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. Geba, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Development Strategy & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6395**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 \$38.46 Bi-weekly payroll deduction

**B. Gilooly, Patrice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - QA & Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6396**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**C. Kaplan, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Senior Director, Engineering  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6397**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$15 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	299.22
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. Korja, Nisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Director, Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6398**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 \$20 Bi-weekly payroll deduction

**B. LaFond, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Senior Director-Scale Up & Developme  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6399**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$25 Bi-weekly payroll deduction

**C. LaRosa, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Exec. VP - General Counsel & Secretary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6400**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	474.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. Lebel, Delman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Director, State Affairs & State Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6401**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$50 Bi-weekly payroll deduction

**B. Levine, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. VP - Assoc. General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6402**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$50 Bi-weekly payroll deduction

**C. Markowitz, Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Senior Vice President - Portfolio Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6404**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. Mellis, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Clinical Sciences Trans. Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6405**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

**B. Mirza, Hala, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. VP - Corporate Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6406**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

**C. Murphy, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Executive VP, Research -Regeneron La  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6407**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1153.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. Olson, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) VP - Research & Development
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

**Transaction ID : SA11AI.6408**

Amount of Each Receipt this Period  
384.60

Memo Item  
\$192.30 Bi-weekly payroll deduction

**B. Paull, Sally, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Sr. Vice President - Human Resources
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

**Transaction ID : SA11AI.6409**

Amount of Each Receipt this Period  
384.00

Memo Item  
\$192 Bi-weekly payroll deduction

**C. Ruddy, Marcella, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) VP - Early Clinical Devt & Experimenta
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

**Transaction ID : SA11AI.6412**

Amount of Each Receipt this Period  
384.00

Memo Item  
\$192 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1152.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. Soo, Yuhwen, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP Biostatistics and Data Mgmt, Clinic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3840.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6413**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

**B. Thurston, Olin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Oncology & Angiogenesis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6414**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 \$100 Bi-weekly payroll deduction

**C. Vitti, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP Clinical Sciences - Ophthalmology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6415**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	776.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. Volpe, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Vice President - Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6416**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**B. Zambrowicz, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - Functional Genomics and Chief  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 27 / 2019  
**Transaction ID : SA11AI.6417**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 \$100 Bi-weekly payroll deduction

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	392.30
<b>TOTAL</b> This Period (last page this line number only).....	6811.72

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. JP Morgan Chase Bank, NA**

Full Name (Last, First, Middle Initial)

Mailing Address Two Corporate Drive

City Shelton State CT Zip Code 06484

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6418

Amount of Each Disbursement this Period: 273.82

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	273.82
<b>TOTAL</b> This Period (last page this line number only).....▶	273.82

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. BRIAN HIGGINS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2019
Mailing Address PO BOX 28		FEC Identification Number C00401034 <b>Transaction ID : SB23.6431</b> Amount of Each Disbursement this Period 2500.00
City BUFFALO	State NY	Zip Code 14220
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name <b>HIGGINS, BRIAN, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 26	

Full Name (Last, First, Middle Initial) <b>B. ELISE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2019
Mailing Address PO BOX 500		FEC Identification Number C00547893 <b>Transaction ID : SB23.6424</b> Amount of Each Disbursement this Period 1000.00
City GLENS FALLS	State NY	Zip Code 12801
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name <b>STEFANIK, ELISE M., , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 21	

Full Name (Last, First, Middle Initial) <b>C. GUTHRIE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2019
Mailing Address PO BOX 9639		FEC Identification Number C00445023 <b>Transaction ID : SB23.6425</b> Amount of Each Disbursement this Period 1000.00
City BOWLING GREEN	State KY	Zip Code 42102
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name <b>GUTHRIE, S. BRETT HON., , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 02	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Regeneron Pharmaceuticals, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. KATHERINE CLARK FOR CONGRESS**

Mailing Address PO BOX 159

City  
BELMONT

State  
MA

Zip Code  
02478

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**CLARK, KATHERINE, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2019

FEC Identification Number

C00541888

**Transaction ID : SB23.6428**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER RD

City  
CHARLESTON

State  
SC

Zip Code  
29407

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**SCOTT, TIMOTHY E, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: SC District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2019

FEC Identification Number

C00540302

**Transaction ID : SB23.6426**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Mailing Address PO BOX 94

City  
CORNING

State  
NY

Zip Code  
14830

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**REED, THOMAS W, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2019

FEC Identification Number

C00464032

**Transaction ID : SB23.6429**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

**TOTAL** This Period (last page this line number only).....▶

9500.00